

DIGITALISATION HAS THE POWER TO EXPAND YOUNG PEOPLE'S FAMILY PLANNING AND SRHR CHOICES



TEENAGE PREGNANCY IN KENYA IS AT 18%: 1 IN EVERY 5 GIRLS IS EITHER PREGNANT OR HAS BEGUN CHILD BEARING BY 19.

34%

OF YOUNG WOMEN AND GIRLS IN KENYA ARE LESS LIKELY TO HAVE ACCESS TO MOBILE INTERNET THAN MEN AND BOYS

DIGITAL TECHNOLOGY HOLDS ENORMOUS POTENTIAL TO BRIDGE THE GAPS IN HEALTHCARE PROVISION

The status of young people in Kenya and the SRHR challenges that they face

The adoption and usage of digital tools and media among young people in Kenya continues to expand at an unprecedented rate. In 2020, COVID-19 curfews further catalysed the usage of digital platforms among young people, increasing access to information, creating both opportunities and challenges.

The usage of digital platforms by young people offers great potential, especially because **accessing credible information particularly on Sexual and Reproductive Health and Rights (SRHR)** can be an exacerbating challenge. It is estimated that teenage pregnancy in Kenya is at 18 percent: 1 in every 5 girls is either pregnant or has begun child bearing by 19¹. Moreover, **increased cases of Gender-Based Violence (GBV)** i.e. 5,009 reported in 2020, up from 1,411 in 2019² show the health risks young women and girls have been exposed to.

While many young people are benefiting from the digital revolution, a **significant digital gender gap is looming**, with 34% of young women and girls in Kenya less likely to have access to mobile internet than men and boys.³ Given that the principle of nondiscrimination is central to accessing SRHR, empowering all young people, including women and girls with accurate information on safe, effective, affordable and acceptable contraception methods of their choice remains critical. For this reason, DSW is committed to digitalising SRHR information.

How can digitalisation promote SRHR?

Digital tools can play an essential role in increasing access to reliable, factual information on issues related to SRHR services. Technology can be used to deliver information and services to people in a simple and accessible manner. For example, digital applications have been developed to tackle issues ranging from delivering vital health information to pregnant women and girls to reporting instances of sexual and gender-based violence (SGBV). Digital technology holds enormous potential to bridge the gaps in healthcare provision by directing limited medical resources where they are most needed⁴. While the Health Act of 2017 recognises e-health as a mode of health service, full benefits from digitalisation can be hampered by several challenges, such as **inadequate funding of e-health systems and innovations, illiteracy in ICT, low awareness, poor internet connectivity and a weak regulatory framework**, which continue to impede access to adequate and reliable SRHR information and services in the digital space. Kenya's smartphone usage rate was at 41 million in 2017, with a reach of 90.4% of the actual population⁵. Thus, mobile phones are a great tool to disseminate health content, as part of a strategy to address infrastructural limitations.

1 FP2020 in Kenya: Achievements, Best Practices and Lessons Learnt

2 <https://citizentv.co.ke/news/cs-margaret-kobia-sounds-alarm-as-gbv-cases-in-kenya-continue-to-spiral-10366649/>

3 GSMA, The Mobile Gender Gap Report 2020. <https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2020/05/GSMA-The-Mobile-Gender-Gap-Report-2020.pdf>

4 How to start a digital healthcare revolution in Africa in 6 steps | World Economic Forum (weforum.org)

5 The Role of Mobile Technology in Kenya Healthcare | i3 Consult | Integrated Intelligence for Healthcare Industries

KEY FACTS



24% of Kenya's population (11,631,929) are adolescents (aged 10-19 years)⁶



18% Teenage Pregnancy Rate⁷



42% of unintended pregnancies⁸



Doctor to patient ratio 1: 6,716⁹, well below the WHO recommended ratio of 1: 600 by 2020



22% of Kenyan population have access to the internet¹⁰



42% increase in SGBV cases since the COVID-19 outbreak¹¹

Voices of youth champions



"In the town of Eldoret, the Rafiki Youth Friendly Centre is the preferred source for SRHR information by young people. Before the COVID-19 pandemic, around 102 youth were visiting and accessing its services daily. During the COVID-19 pandemic, this figure dropped to 40. Restrictions to movements due to COVID-19 became a barrier to young people accessing SRHR services, preventing them from accessing reproductive health services at the health facilities. Youth champions from Uasin Gishu decided to use social media and radio sessions to reach out to youth during COVID-19 times, providing SRHR information, with some youth online talk shows reaching over 500 young people. However, youth were facing many challenges, including the difficulties in accessing quality digital devices and poor connectivity. The Kenyan Government should support developing digital platforms where youth can access reliable information on SRHR and be able to connect with service providers."

Mercy Kioko, youth champion



"West Pokot is one of the Kenyan counties with the highest rate of teenage pregnancies (28.6 percent¹²) and harmful practices, such as FGM. In the wake of COVID-19, schools, which act as safe spaces for young adolescents were closed. The imposed movement restrictions meant adolescents had to stay at home, resulting in further increase of drug abuse and teenage pregnancies. During this period, most young people could not access sexual and reproductive health information in the health facilities. To address these challenges, youth groups started monthly live streaming programmes on SRHR for youth through Facebook, reaching over 1,300 young people in West Pokot. However, despite social media potentially being a very helpful tool, it also comes with challenges, especially linked with online sexual harassment. This is why it is important to create digital platforms which provide accurate and accessible information on SRHR to young people."

Milka Rop, youth champion

How can the EU support?

The digital transformation represents a great opportunity to tackle the challenges that Kenyan youth face in the area of SRHR. Ensuring reliable SRHR information is accessible on digital platforms in Kenya can be a powerful tool in informing teenagers on how to prevent unintended pregnancies as well as harmful practices. Online platforms and digital tools can also play an important role in addressing gender discrimination, which underpins harmful practices. This would allow young people to lead healthy and self-determined lives.

- ▶ The EU should support the Kenyan Government in strengthening the digital transformation and in developing digital tools that can effectively address young people's needs in the area of SRHR.
- ▶ When supporting the digital transformation, the EU should pay particular attention to supporting efforts to close the digital gender gap.
- ▶ The EU should consider leveraging the Digital 4 Development (D4D) Hub to maximise its impact and unleash the potential of digital tools to address SRHR challenges.
- ▶ The EU Delegation in Kenya should establish mechanisms to meaningfully engage young people, so as to take into account youth voices and views on matters that are important to them.
- ▶ The EU should partner with the Kenyan Government to strengthen health systems, including the e-health sector, by developing tools that can respond to young people's health needs.
- ▶ The EU should consider mainstreaming child protection programs and SGBV prevention programs into learning institutions, workplaces and religious settings to deter exploitation of children and young people in the digital space.

6 [Kenya National Bureau of Statistics 2019](#)

7 [FP2020 in Kenya: Achievements, Best Practices and Lessons Learnt](#)

8 [PMA Kenya\(2019\) Results from Phase 1 baseline survey](#)

9 [Press release registration recognition for EAC partner states doctor \(medicalboard.co.ke\)](#)

10 [World Bank \(accessed on 14/07/2021\)](#)

11 [UNHCR \(2020\) Kenya: Monitoring Human Rights Impacts Of Covid-19 In Informal Settlements](#)

12 [Kenya Data Health Survey 2014](#)